




CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <div style="text-align: center;">8</div>
3 CANDIDATE / OFFICEHOLDER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR Mr</div> <div>FIRST John</div> <div>MI R</div> </div> <hr style="border: 0; border-top: 1px dashed black;"/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST Ryan</div> <div>SUFFIX</div> </div>		<div style="text-align: center; border: 1px solid black; padding: 2px;">OFFICE USE ONLY</div> <div style="padding: 5px;"> Date Received <i>1/15/19 -</i> <i>January Semi -</i> <i>Annual</i> </div>
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	<div style="display: flex; justify-content: space-between;"> <div>ADDRESS / PO BOX; P.O. Box 97</div> <div>APT / SUITE #;</div> <div>CITY; Denton</div> <div>STATE; TX</div> <div>ZIP CODE 76202</div> </div>		<div style="border: 1px solid black; padding: 2px;">Date Hand-delivered or Date Postmarked</div>
5 CANDIDATE/ OFFICEHOLDER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE (940)</div> <div>PHONE NUMBER 206-7213</div> <div>EXTENSION</div> </div>		<div style="border: 1px solid black; padding: 2px;">Date Hand-delivered or Date Postmarked</div>
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR Mrs</div> <div>FIRST Bette</div> <div>MI</div> </div> <hr style="border: 0; border-top: 1px dashed black;"/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST Sherman</div> <div>SUFFIX</div> </div>		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <div>Receipt #</div> <div>Amount \$</div> </div> <div style="border-top: 1px solid black; padding-top: 2px;">Date Processed</div> <div style="border-top: 1px solid black; padding-top: 2px;">Date Imaged</div> </div>
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<div style="display: flex; justify-content: space-between;"> <div>STREET ADDRESS (NO PO BOX PLEASE); 3411 Shadow Brook Court</div> <div>APT / SUITE #;</div> <div>CITY; Denton</div> <div>STATE; TX</div> <div>ZIP CODE 76210</div> </div>		
8 CAMPAIGN TREASURER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE (940)</div> <div>PHONE NUMBER 380-0926</div> <div>EXTENSION</div> </div>		
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input checked="" type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded \$500 limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>		
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div> Month Day Year 7 / 1 / 2018 </div> <div>THROUGH</div> <div> Month Day Year 12 / 31 / 2018 </div> </div>		
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div> ELECTION DATE Month Day Year 5 / 4 / 2019 </div> <div> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </div> </div>		
12 OFFICE	<div style="display: flex; justify-content: space-between;"> <div> OFFICE HELD (if any) Denton City Council, District 4 </div> <div> 13 OFFICE SOUGHT (if known) </div> </div>		

GO TO PAGE 2

FORM C/OH
COVER SHEET PG 2

<p>18 AFFIDAVIT</p> <div style="text-align: center;"></div> <p>AFFIX NOTARY STAMP / SEAL ABOVE</p>	<p>I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.</p> <div style="text-align: right; margin-bottom: 10px;"> _____ Signature of Candidate or Officeholder</div> <p>Sworn to and subscribed before me, by the said <u>John Ryan</u>, this the <u>15th</u> day of <u>January</u>, 20<u>19</u>, to certify which, witness my hand and seal of office.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div style="width: 30%;"> _____ Signature of officer administering oath</div><div style="width: 30%;"><p>Jane E. Richardson</p>_____ Printed name of officer administering oath</div><div style="width: 30%;"><p>Notary Public</p>_____ Title of officer administering oath</div></div>
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SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME John R. Ryan		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2101.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 500.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2095.00
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
2**2** FILER NAME

John Ryan

3 Filer ID (Ethics Commission Filers)**4** Date

12/13/18

5 Full name of contributor☐ out-of-state PAC (ID#: _____)

Hugh Coleman

6 Contributor address; City; State; Zip Code

506 Ridgcrest Cir Denton, TX 76205

7 Amount of contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

12/13/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Lee Ramsey

Contributor address; City; State; Zip Code

525 S Loop 288, Suite 105 Denton, TX 76205

Amount of contribution (\$)

\$500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/13/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Leah Johnson

Contributor address; City; State; Zip Code

2405 Winthrop Hill Rd Denton TX 76226

Amount of contribution (\$)

\$501.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/31/18

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Marc Moffit

Contributor address; City; State; Zip Code

2708 Crater Lake LN Denton, TX 76210

Amount of contribution (\$)

\$500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
2**2** FILER NAME

John Ryan

3 Filer ID (Ethics Commission Filers)**4** Date

12/31/18

5 Full name of contributor

Richard Hayes

☐ out-of-state PAC (ID#: _____)**6** Contributor address;

City; State; Zip Code

819 W Oak St

Denton, TX 76201

7 Amount of contribution (\$)

\$500.00

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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LOANS**SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: <div style="text-align: center;">1</div>
2 FILER NAME John R. Ryan		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 9/6/18	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) John Ryan	9 Loan Amount (\$) \$300.00
6 Is lender a financial Institution? Y N	8 Lender address; City; State; Zip Code 43 Wellington Oaks Cir Denton, TX 76210	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan 10/15/18	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) John Ryan	Loan Amount (\$) \$200.00
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code 43 Wellington Oaks Cir Denton, TX 76210	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2		2 FILER NAME John R. Ryan		3 Filer ID (Ethics Commission Filers)	
4 Date 7/18/18		5 Payee name CitiBank Credit Card			
6 Amount (\$) \$200.00		7 Payee address; City; State; Zip Code P.O. Box 78009 Phoenix, AZ 85062			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Credit Card Payment		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Payment	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8/28/18		Payee name CitiBank Credit Card			
Amount (\$) \$200.00		Payee address; City; State; Zip Code P.O. Box 78009 Phoenix, AZ 85062			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Credit Card Payment		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Payment	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/02/18		Payee name CitiBank Credit Card			
Amount (\$) \$200.00		Payee address; City; State; Zip Code P.O. Box 78009 Phoenix, AZ 85062			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Credit Card Payment		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Payment	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME John R. Ryan	3 Filer ID (Ethics Commission Filers)
4 Date 12/26/18	5 Payee name Grass Routes	
6 Amount (\$) \$1495.00	7 Payee address; City; State; Zip Code 2541 S I35 Suite 200-189 Round Rock, TX 78664	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Management
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	
Amount (\$)	Office sought	
Office held	Office held	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	
Amount (\$)	Office sought	
Office held	Office held	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	
Amount (\$)	Office sought	
Office held	Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED